

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

12468

-62-048286

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 10 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Luke's Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN St. John Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
8670 St. Charles Rd. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lydia

Dorman

4. DATE OF DEATH
Month Day Year

Dec.

25

1962

5. SEX
F

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-14-84

9. AGE (last birthday)
78

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

August Plenge

13b. MOTHER'S MAIDEN NAME

Mary Brase

14. NAME OF HUSBAND OR WIFE

William Dorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
St. John
William Dorman-8670 St. Charles Rd.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart failure from trauma left

INTERVAL BETWEEN ONSET AND DEATH

3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7/11/61 to 12/21/62

and last saw him alive on *12/21/62*

Death occurred at

7:30 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thymelle Dorman

22b. ADDRESS

4213 Nat'l Bldg

22c. DATE SIGNED

12/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (city, town, or county)

Burial

12-28-62

Mt. Lebanon Cemetery

St. Ann, Missouri

24. FUNERAL HOME ADDRESS
BAUMANN BROS. INC. FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

DEC 27 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

2504 WOODSON ROAD

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Thymelle Dorman

VS 300
Rev. 4/59

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240393

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No: _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. C. Gibson

Licensed Embalmer No.

3454

P. O. Address

St Louis 14 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.